

**IMPORTANT NOTICE ABOUT YOUR WATER SYSTEM**  
**Coliform Maximum Contaminant Level (MCL) Exceeded: Non-Acute MCL**

The \_\_\_\_\_ water system, ID# \_\_\_\_\_ in \_\_\_\_\_ County routinely monitors for the presence of total coliform bacteria and in \_\_\_\_\_ this type of bacteria was detected. Although this incident was not an emergency, as our customer, you have a right to know what happened and what we did or are doing to correct the situation.

*Coliforms are bacteria which are naturally present in the environment and are used as an indicator that other, potentially-harmful, bacteria may be present. Coliforms were found in more samples than allowed and this was a warning of potential problems. The samples that showed the presence of coliform were further tested to see if other bacteria of greater concern, such as fecal coliform or E.coli were present. **None of these bacteria were found.***

You do not need to boil your water. People with severely compromised immune systems, infants, and some elderly may at be an increased risk and may want to contact their health care provider for additional guidance.

What happened? What is the suspected or known source of contamination?

At this time:

- ☐ The problem is resolved. Additional samples collected were found to be free of coliform bacteria.
- ☐ We anticipate resolving the problem by \_\_\_\_ / \_\_\_\_ / \_\_\_\_.
- ☐ Other \_\_\_\_\_.

For more information, contact \_\_\_\_\_ at (    ) \_\_\_\_\_ - \_\_\_\_\_ or at \_\_\_\_\_.  
(owner or operator) (phone number) (address)

*Please share this notice with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand or mail.*

This notice is sent to you by \_\_\_\_\_ Date Distributed \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

(This section must be completed by the water system.  
Signature below indicates notice contained all required elements.)

**Complete the following items (check all that apply):**

- ☐ Notice mailed to all water customers on \_\_\_\_ / \_\_\_\_ / \_\_\_\_.
- ☐ Notice hand delivered to all water customers on \_\_\_\_ / \_\_\_\_ / \_\_\_\_.
- ☐ Notice published in newspaper (attach copy)
- ☐ Notice posted at \_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_. (**By Department Approval Only**)



\_\_\_\_\_  
Signature of owner or operator

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date

**Send copy of completed notification and certification to:**  
**Eastern Drinking Water Operations, 1500 West Fourth Ave - Suite 305, Spokane WA 99204 or fax to (509) 456-2997**  
**Northwest Drinking Water Operations, 20435 72<sup>nd</sup> Ave South - Suite 200, Kent WA 98032 or fax to (253) 395-6760**  
**Southwest Drinking Water Operations, PO Box 47823, Olympia WA 98504 or fax to (360) 664-8058**